EMERGENCY MEDICAL SERVICES AUTHORITY

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August 4, 2017

Mr. Brian Henricksen, EMS Administrator 2751 Napa Valley Corporate Drive, Bldg. B Napa, CA 94558

Dear Mr. Henricksen:

This letter is in response to Napa County's 2016 EMS Plan Update submission to the EMS Authority on July 19, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Napa County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Napa County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Napa County for the following years:

- 1995
- 2011
- 2014
- 2015

Health and Safety Code (HSC) § 1797.254 states:

"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Napa County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

		oved	Approved	System Organization and Management
ı	В.	\boxtimes		Staffing/Training
(C.	\boxtimes		Communications
ı	D.	\boxtimes		Response/Transportation
				1. Ambulance Zones
				 Based on the documentation provided by Napa County, please find enclosed the EMS Authority's determination of the exclusivity of Napa County's ambulance zones.
E	Ξ.	\boxtimes		Facilities/Critical Care
F	₹.	\boxtimes		Data Collection/System Evaluation
(Э.	\boxtimes		Public Information and Education
ł	Ⅎ.	\boxtimes		Disaster Medical Response

IV. Conclusion:

Based on the information identified, Napa County 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and

Mr. Brian Henricksen, EMS Administrator August 4, 2017 Page 3 of 3

consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Napa County's next annual EMS Plan Update will be due on or before July 31, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy Steiner-Keyson, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP

Director

Enclosure

ZONE			EXCLUSIVITY		TYPE						LEVE	یا			
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	SIA	רערפ	All Emergency Ambulance Services	9-1-1 Emergency	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance	ALS Non-Emergency	Standby Service with ransport Authorization	All Air Ambulance	Emergency Air Ambulance
Napa County													L		
EOA 1		×	Competitive Process	×			×	×	×	×	×	×			
Angwin Response Zone	×														

Napa County Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2016 Annual Report

Submitted on July 19, 2017

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EXECUTIVE SUMMARY

The Napa County Emergency Medical Services Agency (NCEMSA) serves Napa County. This plan represents the second annual update of the Napa County Emergency Medical Services (EMS) plan since receiving approval of our EMS Plan in July 2015.

The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management.
- Staffing and training.
- Communications.
- Response and transportation.
- · Facilities and critical care.
- Data collection and evaluation.
- Public information and education (PIE).
- Disaster medical response.

It is an exciting time for the Napa EMS system and its partners. The Agency continues to have a strong and progressive response and patient care system since becoming an independent LEMSA in 2011. We continue to have high performance ambulance franchise, which is operating at record levels of on-time performance. This is combined with the continued state of the art patient treatment, and tertiary care being delivered in the two hospitals in the County, resulting in patients being seen in the appropriate time, getting the high level of care they need, and being discharged quickly with the goal of reducing mortality and morbidity. This local care includes access to ACS Verified Level III Trauma care, delivered in Napa County at Queen of the Valley Medical Center (QVMC).

Napa County completed a contract extension with our Exclusive Operating Area ambulance provider, American Medical Response, in March 2016. This contract extension will allow for the high performance ambulance transport system to continue providing services in Napa County until January 1, 2022. This new contract extension began this year on January 2nd.

The Napa County EMS System has continued to work towards meeting the minimum standards and recommended guidelines as provided in the EMS System Assessment Forms. Improvements or significant changes have been made in the following areas:

- Standard 1.16 (Funding Mechanism)
- Standard 4.09 (Air Ambulance Dispatch Center)
- Standard 5.04 (Specialty Care Facilities)
- Standard 5.13 (Specialty Care Design System)
- Standard 6.03 (Pre-hospital Care Audits)

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS Plans. Minimum Standards are those which should be met by each Local EMS Agency. Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The Napa County EMS Agency meets all of the Minimum Standards and most of the Recommended Guidelines. However, even though the local EMS system may meet a particular Minimum Standard or Recommended Guideline, there may be room for continued improvement and objectives may therefore be identified.

TABLE 1: MINIMUM STANDARDS / RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agen	cy Administration:					
1.01	LEMSA Structure		X	N/A		
1.02	LEMSA Mission		Х	N/A		
1.03	Public Input		Х	X		
1.04	Medical Director		Х	X		
Plann	ning Activities:					Fill the last
1.05	System Plan		X	N/A		
1.06	Annual Plan Update		×	N/A		
1.07	Trauma Planning*		Х	X		
1.08	ALS Planning*		Х	N/A	= Jn-k	
1.09	Inventory of Resources		×	N/A		
1.10	Special Populations		Х	X		
1.11	System Participants		X	X		
Regu	latory Activities:					
1.12	Review & Monitoring		X	N/A		
1.13	Coordination		Х	N/A		
1.14	Policy & Procedures Manual		Х	N/A		
1.15	Compliance w/Policies		×	N/A		
Syste	m Finances:					
1.16	Funding Mechanism		X	N/A		
Medic	cal Direction:					
1.17	Medical Direction*		X	N/A		
1.18	QA/QI		Х	×		
1.19	Policies, Procedures, Protocols		Х	×		

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
A.20	DNR Policy		Х	N/A		
1.21	Determination of Death		×	N/A		
A.21	Reporting of Abuse		Х	N/A		
1.23	Interfacility Transfer		Х	N/A		
Enhai	nced Level: Advanced	Life Support				
1.24	ALS Systems		Х	X		
1.25	On-Line Medical Direction		Х	Х		
Enhai	nced Level: Trauma Ca	re System:				
1.26	Trauma System Plan		Χ	N/A		
Enhar	nced Level: Pediatric E	mergency Medic	cal and Critica	I Care System:		
1.27	Pediatric System Plan		X	N/A		
Enhar	nced Level: Exclusive (Operating Areas				
1.28	EOA Plan		Х	Х		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Loca	I EMS Agency:					
2.01	Assessment of Needs		×	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		Χ	N/A	i i	
Dispa	atchers:					
2.04	Dispatch Training		× X	X		
First	Responders (non-tr	ransporting):				
2.05	First Responder Training		Х	Х		
2.06	Response		Χ	N/A		
2.07	Medical Control		X	N/A		
Trans	sporting Personnel:					
2.08	EMT-I Training		Х	X		· W-
B. Ho	spital:					
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	х		
Enha	nced Level: Advan	ced Life Support:				
2.11	Accreditation Process		Х	N/A		355
2.12	Early Defibrillation		Х	N/A		
2.13	Base Hospital Personnel		Х	N/A		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Comi	munications Equipme	ent:				
3.01	Communication Plan*		×	X		
3.02	Radios		Х	X		
3.03	Interfacility Transfer*		×	N/A		
3.04	Dispatch Center		Х	N/A		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		Х	N/A		
Publi	c Access:					
3.07	9-1-1 Planning/ Coordination		×	X		
3.08	9-1-1 Public Education		Х	N/A		
Reso	urce Management:					
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		Х	Х		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Unive	ersal Level:					
4.01	Service Area Boundaries*		X	Х		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	N/A		
4.04	Prescheduled Responses		Х	N/A		
4.05	Response Time*		X	X		
4.06	Staffing		Х	N/A		
4.07	First Responder Agencies		Х	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		×	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		Х	N/A		
4.13	Intercounty Response*		X	Х		
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		Х	N/A		
Enha	nced Level: Advance	d Life Support:				
4.16	ALS Staffing		X	Х	***************************************	
4.17	ALS Equipment	- 470	Х	N/A		
Enha	nced Level: Ambulan	ce Regulation:				
4.18	Compliance)(±	Х	N/A		
Enha	nced Level: Exclusive	Operating Pern	nits:			
4.19	Transportation Plan		×	N/A		
4.20	"Grandfathering"		Х	N/A		
4.21	Compliance		Х	N/A		
4.22	Evaluation		Х	N/A		

E. FACILITIES/CRITICAL CARE

6)		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:					
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	Х	Х	
5.05	Mass Casualty Management		X	Х		
5.06	Hospital Evacuation*		X	N/A		
Enha	nced Level: Advance	ed Life Support				
5.07	Base Hospital Designation*		X	N/A		
Enha	nced Level: Trauma	Care System:				
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
Enha	nced Level: Pediatr	ic Emergency M	edical and Cri	tical Care System		
5.10	Pediatric System Design		Х	N/A		
5.11	Emergency Departments		Х	х		
5.12	Public Input		Χ	N/A		
Enha	nced Level: Other S	specialty Care Sy	stems:			
5.13	Specialty System Design		X	N/A	X	
5.14	Public Input		Х	N/A		